



## City of Salisbury Voluntary Shared Leave Donation Form

*Instructions: Please complete the information below and submit to the Human Resources Department.*

**Donor Information:**

Employee Name \_\_\_\_\_

Employee Department \_\_\_\_\_

Annual Leave Balance \_\_\_\_\_ Sick Leave Balance \_\_\_\_\_ As of Date \_\_\_\_\_

**NUMBER OF ANNUAL LEAVE HOURS TO BE DONATED** \_\_\_\_\_

*(Donations in four (4) hour increments)*

*(You must have a balance of eighty (80) hours of combined leave after donation)*

***If the Employee requesting Shared Leave has approved release of his/her name and condition, you may designate the employee to receive the leave if not you are donating Annual Leave to an anonymous beneficiary.***

Employee to Receive Shared Leave

Employee Name \_\_\_\_\_

Department Name \_\_\_\_\_

I meet all policy requirements for being a Shared Leave Donor and would like to donate the stated hours of Annual Leave to the employee listed above.

I understand that once this donated Annual Leave is transferred to an eligible City employee, it will not be returned to me under any circumstances.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Department Head Signature and Date

Date received from employee \_\_\_\_\_ Approved by \_\_\_\_\_

Hours transferred \_\_\_\_\_ Hourly rate \_\_\_\_\_ Total Value \_\_\_\_\_

Effective date for transfer of Annual Leave \_\_\_\_\_